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LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

"K"

DEAR EDITOR: I wish to commend you in your timely and well-deserved criticism of Mrs. Rinehart's book, "K." I feel with you that because of her inside knowledge of the work, her hospital characters have greater significance with the laity and hence should be made at least respectable.

I. P. H.

Pennsylvania.

OWNERSHIP OF PATIENTS' RECORDS

DEAR EDITOR: To whom does a patient's record belong? In the hospital where I received my training, neither the patients nor their relatives were allowed to look at the charts and after the patient is dismissed the record is kept by the hospital. Why does not that rule hold good with a private nurse? Of what use would the chart be to a patient who usually does not understand medical or nursing expressions? The record is kept principally for the doctor's benefit and is not written in terms intelligible to a lay mind. In case of a difference between a nurse and her patient, is it not the only proof a nurse has of her actions? Recently I heard of a case where a nurse left her bedside record with the patient's family and they made use of it as authority for the most absurd statements, misunderstanding or misinterpreting the meaning of many of its statements. May I have the opinion of JOURNAL readers on this subject?

T. L.

Illinois.

THE HARRISON DRUG LAW

DEAR EDITOR: I was much interested in the discussion of the Harrison Drug Law, as published in the August JOURNAL. Each nurse was advised to write for a copy of the law for herself.

I am a visiting nurse for two small villages, three miles apart. The village where I live has no physician, the nearest one being three miles away. Therefore the people are often glad to call the nurse in an emergency, before a physician can be obtained. Then I often get orders for the administration of medicines over the telephone. How do other nurses overcome the difficulty? I would like to quote Section 8 of the law, "That it shall be unlawful for any person not registered under the provisions of this Act, and who has not paid the special tax provided for by this Act, to have in his possession or under his control any of the aforesaid drugs; and such possession or control shall be presumptive evidence of a violation of this section, and also a violation of the provisions of Section 1 of this Act; provided, that this section shall not apply to any employee of a registered person, or to a nurse under the supervision of a physician, dentist, or veterinary surgeon registered under this Act, having such possession or control by virtue of his employment or occupation and not on his own account, or

to the possession of any of the aforesaid drugs, which has or have been prescribed in good faith by a physician, dentist, or veterinary surgeon registered under this Act."

This last part of the section after the word "provided" seems to me to allow nurses to keep the drugs "by virtue of his employment or occupation and not on his own account." Those who discussed the question in California seemed to take a different view of the matter. As I wish to be a law-abiding citizen and not be liable to a big fine, I would like to know what is entirely lawful or right.

G.

Connecticut.

SAVING OF LAUNDRY BILLS

DEAR EDITOR: Every one who has had experience with hospital laundry knows how difficult it is to keep the bills of same within a reasonable limit, and at the same time avoid that wrinkled untidy appearance of the bed of a restless patient so distasteful to the eye. The small pads of paper or cotton beneath the patient, employed in some hospitals and sanatoria, we have found impractical, especially with neurotic patients, as they complained of a "humpy" feeling occasioned by their use. Also the continued use of a rubber draw-sheet is undesirable, as it is heating and becomes wrinkled. By taking a large newspaper, unfolded to its full extent, or a large piece of heavy wrapping paper, placing one-half beneath the bedpan as it is slid under the patient, and standing the other half up on its edge, extending up to the bend of the knee, forming a sort of tent in front of and under the pan, many of the accidents so embarrassing to the patients may be avoided and the linen kept free of spots.

Another method helpful in avoiding the wrinkled appearance is, in changing the linen, to take the top sheet which is usually wrinkled, but not soiled, for the draw-sheet, and to put the clean sheet over the patient. In this way the bed has a fresh appearance each morning, and it is as satisfactory to the patient as the old way of changing both sheets twice a week, for simply removing the sheets and rearranging them gives a freshened feeling to the bed.

Much in this field depends upon the surgeon in charge. If the nurse is able to interest him, he can often greatly facilitate the economy of both laundry and supplies and is only too glad to do so, provided the strictest antiseptic conditions are maintained. In some of our recent gall-stone cases and those of infected gall-bladder, where continued drainage of the sinus was necessary, we have been very successful with the use of a large bottle with a small mouth, into which the drainage tube extends, a glass connecting tube and a short piece of drainage tubing, used as an extension to the usual drain inserted in the wound, passing through a hole in the cork, being used for this purpose. The bottle is held in place by a piece of roller bandage tied about its top, the ends pinned to the dressings or to the abdominal binder. Everything used, of course, is sterilized at the time of the operation and the bottle is emptied only with the same antiseptic precautions as the dressing of the wound demands, in fact, it is usually done at the time of the dressing of the wound. By this method a good deal of the disagreeableness occasioned by the odor from such drainage is done away with, which is gratifying to the patient as well as economical for the hospital. If the weight of the bottle causes discomfort, it can be propped from beneath by pads or folded towels, or a sling can be made by pinning the ends of a wide roller bandage to the binder on opposite sides of the bottle.

I. M.

Kansas.